



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

March 8, 2007

Jenifer Christensen, Administrator  
Harmony House Assisted Living II  
PO Box 2792  
Hayden, ID 83835-2792

License #: RC-821

Dear Ms. Christensen:

On February 6, 2007, a life safety code survey was conducted at Harmony House Assisted Living II - Harmony House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Supervisor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

MG/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 16, 2007

Jenifer Christensen, Administrator  
Harmony House Assisted Living II  
PO Box 2792  
Hayden, ID 83835-2792

Dear Ms. Christensen:

On February 6, 2007, a life safety code survey was conducted at Harmony House Assisted Living II - Harmony House. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 8, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R821</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - BUILDING 1</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>HARMONY HOUSE ASSISTED LIVING II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9967 NORTH MAPLE AVENUE HAYDEN, ID 83835</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>Initial Comments</b></p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 6, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

OWJR21

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Harmony House II</b>	Physical Address <b>9967 north Maple Ave</b>	Phone Number <b>208 762-9876</b>
Administrator <b>Jenifer Christensen</b>	City <b>Hayden Id</b>	ZIP Code <b>83835</b>
Survey Team Leader <b>Taylor Barkley</b>	Survey Type	Survey Date <b>2-6-7</b>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	405.01	A. The office has a multiple electrical adapter in use.		
		B. Bedroom #5 missing electrical outlet cover.		
		C. Bedroom #8 missing electrical outlet cover.		
2	405.05	A. The hallway handrailing by the office is loose.		
		B. Bedroom #1 has a 6 inch by 6 inch hole in the wall.		
		C. Bedroom #7 bathroom door doorknob coming off of door.		

Response Required Date

**3-6-7**

Signature of Facility Representative

**Vicki L. Stenebeck**

Date Signed

**2-6-07**